



The carrier must complete this form and email or fax it to BusDriverUnit@dmv.ny.gov or (518) 474-0593.

For additional information regarding the Article 19-A program, refer to Article 19-A Guide for Motor Carriers, CDL-15.

CERTIFICATION: By making this Application, the undersigned certifies under penalty of perjury that the undersigned is a duly authorized representative of the motor carrier named herein; that this application is made on behalf of, and with the authority to bind, such entity; and that all information provided herein is true and complete. By making this Application, the motor carrier agrees to be compliant with the provisions of Article 19-A and the Terms of Use of the Electronic Web Application for the New York State Department of Motor Vehicles 19-A System; and certifies that all individuals responsible for the management, maintenance and operation for the motor carrier have been advised of their obligations thereunder.

MOTOR CARRIER TYPE (check one)

- Non-School Motor Carrier
School Motor Carrier
School and Non-School Motor Carrier

CHECK ALL THAT APPLY

- Governmental (Federal, State, County, Local, Public Authority)
Non-Governmental
Contracted School
Van
Transit
Camp
Day Care
Limousine
Ambulette/Paratransit
Religious
Other

Federal Employer ID Number, NYS DOT Number (required if applicable), US DOT Number (required if applicable)

Motor Carrier's Legal Name

Motor Carrier's Assumed/DBA Name (If applicable)

Telephone Number (include Area Code), Fax Number (include Area Code), E-mail Address

Mailing Address, Attn:

City, State, Zip Code, County

Physical Address (if different from mailing address)

City, State, Zip Code, County

LIAISON/CONTACT INFORMATION

Name of Liaison for 19-A Online System, Liaison's E-mail Address

Name of Motor Carrier's Contact Representative for Article 19-A Matters

Title, Telephone Number (include Area Code), E-mail Address

AUTHORIZED REPRESENTATIVE - MUST be one of the following titles: Business Owner, General Partner, duly authorized Corporate Officer, LLC Managing Member, School Superintendent

Name, E-mail Address

Title (Owner/President/Superintendent, etc.), Telephone Number (include Area Code)

Signature, Date (mm/dd/yyyy)

Any questions regarding this form should be directed to the Bus Driver Unit at (518) 473-9455 or via email to BusDriverUnit@dmv.ny.gov.

OFFICE USE ONLY
19-A Business ID Number